OFFICE OF THE SECRETARY OF STATE INTERN PROGRAM

APPLICATION

Suite 814, West Tower 2 Martin Luther King, Jr. Drive S.E. Atlanta, Georgia 30334

Phone: 404-657-4597 Fax: 404-657-5804

TYPE OR PRINT CLEARLY IN BLACK INK AND SIGN THIS APPLICATION. CHECK ONE:SUMMERFALLSPRING CHECK ONE:FULL TIMEPART TIMEEITHER							
	PERSON	AL DA	ГА				
Social Security Number:		Daytime Phone Number: ()					
Title: Last Name: First: MI: Ms. Mr.		Evening Phone Number: ()					
Address:		Permanent Address:					
City: State: Zi	p Code:	City:		State:	Zip Code:		
Personal E-mail Address:							
	EDUC	ATION					
N G H H G		CATION		CD.			
Name and Location of College or Universities Attended:		Graduatio	on Year:	GPA:	Major:		
Name and Location of Graduate Schools Attended:		Graduation Year:		GPA:	Major:		
					·		
BRII	EF EMPLOY	MENT	HISTO	RY			
Employer:	Position:		From:		To:		

REFERENCES						
Name of Reference:	Relationship to Candidate:	Reference's Telephone Number:				
1.						
2.						
2.						
3.						
2	placed with:					
A list of divisions with ava	ilable positions can be found at					

- immediately prior to the semester in which this internship occurs.
- 2. I am enrolled in a Georgia college or university or I am a Georgia resident.
- 3. I have at least a 2.5 grade point average.

I authorize the Office of the Secretary of State Internship Program to use this information for intern placement purposes.

Signed:	Date:	
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To ensure that the Secretary of State Internship application process has been completed properly, please make sure you have enclosed:

- 1. A completed internship application;
- 2. An up-to-date resume.

Resumes and applications can be submitted via mail or fax.

Resumes and applications are not reviewed until after the application deadline.